

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10 1582269

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X			
2	/					
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9						
10			/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	7	←	17	←		←
TOTAL CLAIMS	8	[REDACTED]	18	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←			←
TOTAL CLAIMS						